12 3 de

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY TYPE O		OR	OTHER THAN R SMALL ENTITY	
FOR		NUMBE	R FILED	NUMBER	EXTRA	RATE	FEE		RATE	FEE
BASIC FEE							345.00	OR		690.00
TOTAL CLAIMS			21 minus 20= * 2		ر	X\$ 9=		OR	X\$18=	36
INDEPENDENT CLAIMS ' / minus 3 = * /					X39=		OR	X78=	78	
MULTIPLE DEPENDENT CLAIM PRÉSENT						+130=		OR	+260=	/ 3
* If the difference in column 1 is less than zero, enter "0" in column 2								OR	TOTAL	809
CLAIMS AS AMENDED - PART II								4	OTHER	
		(Column 1) CLAIMS	[1] * 1	(Column 2) HIGHEST	(Column 3)	SMALL		OR I I	SMALL	
ENT A		REMAINING AFTER AMENDMENT	Control of the contro	NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	=	X39=		OR	X78=	
_	FIRST PRESE	NTATION OF M	ULTIPLE DEP	PENDENT CLAIM		+130=		OR	+260=	
						TOTAL	-	OR	TOTAL	
	•	(Column 1)		(Column 2)	(Column 3)	ADDIT. FEE] - ' '	ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	=	X39=		OR	X78=	
	FINOT PHESE	NIATION OF M	ULTIPLE DEP	PENDENT CLAIM		+130=	-	OR	+260=	
						TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Column 2)	(Column 3)					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	_	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	=	X39=			X78=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					OR				
* 1	f the entry in colu	mn 1 is less than t	he entry in colu	mn 2. write "0" in co	olumn 3	+130=		OR	+260=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.										
***	If the "Highest Nur If the "Highest Nu	mber Previously P mber Previously P	aid For" IN THIS aid For" IN THI	S SPACE is less that S SPACE is less that	an 20, enter "20." an 3, enter "3."	ADDIT. FEE	propriate bo	ı		

NOTICE OF FEE DUE

DATE:	10-8-04		
TO:	pae.		
FROM:	Office of Initial Patent Exam	ination	
SUBJECT:	Fee Duc		•
APPLICATION	N NUMBER <u>09,59</u>	6892	
Office for the	or the attached document submart following reason. Please checto charge a deposit account. It is not pee. If an authorization is not p	k the application for f an authorization is	or the appropriate s present, please charge the
Insufficien	t fee by check		
Insufficien	t funds in deposit amount		
Declined o	redit card		
Non-autho	rization for charge to deposit acc	ount	
No fee sub	mitted per requirement		
The correct fee	code: <u>245</u> 3	amount	s 6.85
The suspended	fee code: 1999	amount	s 666
Fee Due		amount	=\$
If you have any Eleanor Kurtz 7	questions, please contact Cynthia 03-308-3642	a Streater at 703-306	-5430 or
Terminal Opera	tor	Vs-	